

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** HELPING HANDS (0010616)  
**Address:** 7657 FARMINGTON WAY, MADISON, WI 53717  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 07/28/2004  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0093824      **End Date:** 12/06/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008082    Served 12/23/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION DISCLOSURE FORM		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(d)2	LEVEL OF SUPERVISION		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(2)(a)	SERVICE PROVIDER RECORD		

**Survey ID:** 0093071      **End Date:** 07/28/2004      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

<b>Enforcement History</b>
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**Date:** 12/21/2004      **SOD #**10008082      **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

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